

### DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

HC 2 South, 280 State Drive
Waterbury, VT 05671-2060
<a href="http://www.dail.vermont.gov">http://www.dail.vermont.gov</a>
Survey and Certification Voice/TTY (802) 241-0480
Survey and Certification Fax (802) 241-0343
Survey and Certification Reporting Line: (888) 700-5330
To Report Adult Abuse: (800) 564-1612

July 11, 2016

Ms. Betsy Hutchinson, Second Spring South 118 Clark Road Williamstown, VT 05679-9449

Dear Ms. Hutchinson:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **May 24, 2016.** Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN Licensing Chief

amlaMCotaPN

JUL 07 2016 FORM APPROVED

Division of Licensing and Protection (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: С B. WING 05/24/2016 0386 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 118 CLARK ROAD SECOND SPRING SOUTH WILLIAMSTOWN, VT 05679 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) (X4) ID COMPLETE (FACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) 6/27/16 Spe attached plan of R100 Initial Comments: R100 Correction and Psychoalotive An unannounced on-site re-licensure survey and 2 facility self-report investigations were conducted PRN Administration Form on 5/23/16 - 5/24/16 by the Division of Licensing and Protection. As a result of the self-reports no regulatory findings were identified. The following deficiencies were identified as a result of the re-licensure survey. R167 V. RESIDENT CARE AND HOME SERVICES R167 SS=D 5.10 Medication Management 5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions: (5) Staff other than a nurse may administer PRN psychoactive medications only when the home has a written plan for the use of the PRN medication which: describes the specific behaviors the medication is intended to correct or address; specifies the circumstances that indicate the use of the medication; educates the staff about what desired effects or undesired side effects the staff must monitor for; and documents the time of, reason for and specific results of the medication use. This REQUIREMENT, is not met as evidenced by: Based on record review and staff interview, the Residential Care Home (RCH) failed to ensure that the Registered nurse developed a written plan for delegated unlicensed staff for the use of PRN psychoactive medication which: describes the specific behaviors the medication is intended to correct or address; specifies the circumstances that indicate the use of the medication; educates Division of Licensing and Protection (X6) DATE LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE

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PRINTED: 06/07/2016 FORM APPROVED

Division of Licensing and Protection (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_\_\_\_\_ C B WING 0386 05/24/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 118 CLARK ROAD SECOND SPRING SOUTH WILLIAMSTOWN, VT 05679 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX PREFIX** TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) R167 Continued From page 1 R167 the staff about what desired effects or undesired side effects the staff must monitor for, and documents the time of, reason for and specific results of the medication use for 1 of 4 residents sampled (Resident #1). Findings include: Based on record review of a closed/discharged record and review of current residents, the RN failed to develop a plan of care for the administration of PRN (as needed) psychoactive medications identifying specific individualized symptoms that would indicate the need for the administration of a psychoactive medication. Per review of Resident #1, staff were administering Fluphenazine (Prolixin) 1 mg. orally up to 6 doses in 24 hours PRN for the management of hallucinations. Although a care plan for the resident was developed, the RN did not incorporate a specific care plan for the use of this psychoactive medication which described symptoms, appropriate behavior monitoring and guidance for the unlicensed delegated staff. At the time of survey, the RN was informed of this requirement. R181 V. RESIDENT CARE AND HOME SERVICES R181 See attached plan of 6/27/16 Correction and Background Checks and notification of Verification form. SS=D 5.11 Staff Services 5.11.d The licensee shall not have on staff a person who has had a charge of abuse, neglect or exploitation substantiated against him or her, as defined in 33 V.S.A. Chapters 49 and 69, or one who has been convicted of an offense for actions related to bodily injury, theft or misuse of funds or property, or other crimes inimical to the public welfare, in any jurisdiction whether within or outside of the State of Vermont. This provision

Division of Licensing and Protection

Division	of Licensing and Pro	tection			_
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R181	Continued From pa	ge 2	R181		
	shall apply to the manager diess of wheth licensee or not. The reasonable steps to including, but not litter checking personal contacting the Divise Protection in accordate if prospective energistry or have a manager of the REQUIREMENT of the properties of the registry	anager of the home as well, her the manager is the elicensee shall take all comply with this requirement, mited to, obtaining and and work references and sion of Licensing and dance with 33 V.S.A. §6911 to employees are on the abuse ecord of convictions.  NT is not met as evidenced review and record review, the olete an internal review for 2 of vere identified to have a ackground check when hired.			
	staff members pres and who have direct positive findings on There was no evide investigation to det pose a risk to resid charges obtained f interview on the aft Program Manager the positive criminate the Human Resour information to be s staff at the RCH. A a review of each st	ermine if either staff member ents based on the specific rom the criminal checks. Per ernoon of 5/24/16, the RCH stated s/he was unaware of all background checks because be Department has forbidden hared with the Administrative is a result, there has not been aff member's circumstances esent risk to the residents			

Division of Licensing and Pr	otection			
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R302 Continued From p	age 3	R302	See attached em	ails BHJ Appeal
R302 IX. PHYSICAL PL SS=D	ANT	R302	· .	(1) 40 (1) (1) (1) (1) (1) (1) (1)
9.11 Disaster and	Emergency Preparedness	:	·	nwn
available to staff a plan for the prot event of fire and for when necessary. A periodically and ke under the plan. Fi at least a quarterly day among morning	e shall have in effect, and and residents, written copies of ection of all persons in the or the evacuation of the building All staff shall be instructed ept informed of their duties re drills shall be conducted on a basis and shall rotate times of the ing, afternoon, evening, and at time of each drill and the ating staff members shall be			
by: Based on review o RCH failed to ass	ENT is not met as evidenced of fire drill documentation, the ure at least one fire drill was the night hours. Findings			
from 5/15/15 throw to conduct a drill a omission was con	drills conducted at the RCH ugh 3/28/16 there was a failure at night, as required. The firmed with the Program fternoon of 5/24/16.			i

## June 6, 2016

# Collaborative Solutions Corporation Second Spring South Plan of Correction Complaint Investigation 06-17-16

Deficiency and Corrective Action	How Monitored	Person Responsible	Completion Date
 K181 5.11 Staff Services Per review of personnel records on 5/24/16, 2 staff members presently employed by the RCH and who have direct contact with residents has positive findings on criminal background checks. There was no evidence of an internal investigation to determine if either staff member pose a risk to residents based on the specific charges obtained from the criminal checks. Per interview on the afternoon of 5/24/16, the RCH Program Manager stated s/he was unaware of the positive criminal background checks because the Human Resource Department has forbidden information to be shared with the Administrative staff at the RCH. As a result, there has not been a review of each staff member's circumstances and if there is a present risk to the residents residing at the RCH	Human Resources will monitor and notify appropriate personnel as needed.	Human Resources Coordinator The completed document is signed by the Organization Executive Director or designee.	6/27/16
CSC uses the attached form to document in Employee personnel files items that appear on the Criminal Background Check to ensure that we are hiring staff who are not a risk in working with our Resident population and do not appear on the Child and Adult Abuse Registry.			

R 167 The $_{1}$ The $_{2}$ The $_{3}$ PRN 5.10 Medication Management $_{1}$ Fixed $_{2}$ Fixed $_{2}$ $_{2}$ $_{3}$ $_{4}$ $_{2}$ $_{2}$ $_{2}$ $_{3}$ $_{4}$ $_{5}$ $_{2}$ $_{4}$ $_{5}$ $_{4}$ $_{5}$ $_{4}$ $_{5}$ $_{5}$ $_{4}$ $_{5}$ $_{5}$ $_{5}$ $_{6}$ $_{6}$ $_{7}$ $_{7}$ $_{7}$ $_{7}$ $_{7}$ $_{7}$ $_{7}$ $_{7}$	The monitoring of psychoactive	Nursing staff will	6/27/16
dication administration.	PRN administration by non-	complete the	
dication administration.	licensed staff will include a new	Psychoactive PRN	
	version of PRN record; titled	Administration Record	
-	Psychoactive PRN Administration	when one is ordered	
	Record (see attached document). This document will act as a plan	and consuit with the	
the following conditions:	of Care to address the following:	on items 1-3 in the How	
	)	Monitored column.	
(5) Staff other than the nurse may administer PRN	1. Criteria for administration	;	
		Nursing staff will	
<del>:</del>	2. List behavior(s) PRN is	monitor for completion	
describes the specific behaviors the medication is	intended to address finctuding degreed effects of	of Psychoactive PRN	
intended to correct or indicate the use of the	the medication)	Administration Record	
red	3. List of undesired effects to	PRN's by all un-	
effects of undesired side effects the staff must	monitor for	licensed personnel.	
monthly for all documents the time of, reason for,			
alla specific results of the ineutration use.		Nursing manager will	
		add a section to Med-	
Based on record review and start interview, the		delegation training to	
Residential Care Home (RCH) failed to ensure that he		educate licensed and	
Registered nurse developed a written plan for		non-licensed personnel	
delegated unlicensed staff for the use of PRN		about the differences in	
psychoactive medication which: describes the		monitoring non-	
specific behaviors the medication is intended to		psychoactive PRNs &	
correct or address; specifies the circumstances that		Psychoactive PRN	
indicate the use of the medication; educates the staff		during orientation	
about what desired effects or undesired side effects		training and on an as	
the staff must monitor for: and documents the time		needed basis. This	
		information will also be	
use for 1 of 4 residents sampled (Resident #1).		Rept III the Med-	
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		ior educationai	
		reference.	
9.11 Disaster and Emergency Preparedness			
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Collaborative Solutions Corporation is appealing this			
citation.			

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## **BACKGROUND CHECKS** NOTIFICATION OF VERIFICATION For Licensed Facilities

Please retain this form for your records.	
(Name of Facility)	has made the determination to hire
(Name of Individual)	whose name has the following
entries on their criminal background check	
The criminal record information was discussed was satisfaction. We do not believe the individual pofollowing (or attached information.)	
	Salar Sa
All Facilities are prohibited from emplo Adult Abuse Registry.	ying any individual found on the Child or
If you have any questions, please call the 871-3317.	Division of Licensing and Protection at (802)
	Signature and Title
	Date
PO F	Box 69

Montpelier, Vermont 05601

Phone: 802.433.6183 Fax: 802.476.1848

Collaborative Solutions Corporation	Resident:
Second Spring Williamstown	Medication:
Community Recovery Residence	Medication Order:
Psychoactive PRN Administration Record	
Plan of care:	
Criteria for administration (Per physician's order): Behaviors PRN is intended to address:	

Undesired effects to monitor for:\_

Signature						
EFFECT (Follow up in one hour to assess effect of medication on target symptoms)						
DOSE (circle mL or mg)	x mL or mg= mL or mg					
E REASON (subjective data about why resident is needing PRN)						
DATE TIME						

Updated: 06/2016

DATE	TIME	REASON		DOSE (circle ml or mg)	(2)	EPFECT	Signature
			X	mL or mg=	mL or mg		
			×	mL or mg=	mL or mg		
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## DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

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Survey and Certification Reporting Line: (888) 700-5330 To Report Adult Abuse: (800) 564-1612

August 4, 2016

Ms. Betsy Hutchinson, Manager Second Spring South 118 Clark Road Williamstown, VT 05679-9449

Dear Ms. Hutchinson:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **May 24, 2016**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN

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Licensing Chief

FORM APPROVED JUL 07 2016

Division of Licensing and Protection STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: С B. WING 0386 05/24/2016 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 118 CLARK ROAD SECOND SPRING SOUTH WILLIAMSTOWN, VT 05679 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) 10 (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) See attached plan of R100 Initial Comments: R100 Correction and Psychoaldtive An unannounced on-site re-licensure survey and 2 facility self-report investigations were conducted PRN Administration form on 5/23/16 - 5/24/16 by the Division of Licensing and Protection. As a result of the self-reports no regulatory findings were identified. The following deficiencies were identified as a result of the re-licensure survey. R167 V. RESIDENT CARE AND HOME SERVICES R167 SS=D 5.10 Medication Management 5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions: (5) Staff other than a nurse may administer PRN. psychoactive medications only when the home has a written plan for the use of the PRN medication which; describes the specific behaviors the medication is intended to correct or address; specifies the circumstances that indicate the use of the medication; educates the staff about what desired effects or undesired side effects the staff must monitor for, and documents the time of, reason for and specific results of the medication use. This REQUIREMENT, is not met as evidenced Based on record review and staff interview, the Residential Care Home (RCH) failed to ensure that the Registered nurse developed a written plan for delegated unlicensed staff for the use of PRN psychoactive medication which: describes the specific behaviors the medication is intended to correct or address; specifies the circumstances that indicate the use of the medication; educates Division of Licensing and Protection

STATE FORM

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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(X6) DATE

Program Manager 6/24/16

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Division	of Licensing and Pro	otection				
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R181 SS=D		E AND HOME SERVICES	R181	See attached plan	of 6	127/16
	5.11 Staff Services			and the and and	Cound	
	person who has had or exploitation subst as defined in 33 V.S one who has been of actions related to be funds or property, or public welfare, in an	e shall not have on staff a I a charge of abuse, neglect cantiated against him or her, i.A. Chapters 49 and 69, or convicted of an offense for odily injury, theft or misuse of r other crimes inimical to the y jurisdiction whether within the of Vermont. This provision		See attached plan Correction and Backer Checks and notification form.	n of	

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R181	shall apply to the m regardless of wheth licensee or not. The reasonable steps to including, but not lir checking personal a contacting the Divis Protection in accordace if prospective e registry or have a result of the prospective eregistry or have a	anager of the home as well, her the manager is the elicensee shall take all comply with this requirement, mited to, obtaining and and work references and hion of Licensing and dance with 33 V.S.A. §6911 to imployees are on the abuse ecord of convictions.  AT is not met as evidenced eview and record review, the lete an internal review for 2 of evere identified to have a ekground check when hired.  Innel records on 5/24/16, 2 ently employed by the RCH to contact with residents had criminal background checks. Ence of an internal ermine if either staff member ents based on the specific om the criminal checks. Per ernoon of 5/24/16, the RCH	R181		
	Program Manager s the positive criminal the Human Resource information to be sh staff at the RCH. As a review of each staff	stated s/he was unaware of background checks because be Department has forbidden hared with the Administrative aresult, there has not been aff member's circumstances sent risk to the residents		·	: :

Division of	of Licensing and Pro	otection				
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	9.11 Disaster and I	Emergency Preparedness	!			; ************************************
		shall have in effect, and diresidents, written copies of				<u> </u>
	a plan for the protect	ction of all persons in the				į
		the evacuation of the building II staff shall be instructed	; 			·
	periodically and key	ot informed of their duties	i			:
		drills shall be conducted on basis and shall rotate times of		,		
		g, afternoon, evening, and				!
		time of each drill and the ing staff members shall be				<u> </u> 
		NT is not met as evidenced				· 
	by: Based on review of	fire drill documentation, the				
		e at least one fire drill was le night hours. Findings	!			
	include:	ie flight hours. I Bluings	,			
	Per review of fire dr	ills conducted at the RCH			•	i
		h 3/28/16 there was a failure night, as required. The	i			
		med with the Program				:
•	Manager on the after	ernoon of 5/24/16.				
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## June 6, 2016

## Collaborative Solutions Corporation Second Spring South Plan of Correction Complaint Investigation

Completion

6/27/16

Deficiency and Corrective Action R181 5.11 Staff Services Per review of personnel records on 5/24/16, 2 staff members presently employed by the RCH and who have direct contact with residents has positive findings on criminal background checks. There was no evidence of an internal investigation to determine if either staff member pose a risk to residents based on the specific charges obtained from the criminal checks. Per interview on the afternoon of 5/24/16, the RCH Program Manager stated s/he was unaware of the positive criminal background checks because the Human Resource Department has forbidden information to be shared with the Administrative staff at the RCH. As a result, there has not been a review	How Monitored Human Resources will monitor and notify appropriate personnel as needed.	Person Responsible Human Resources Coordinator The completed document is signed by the Organization Executive Director or designee.
or each starr member's circumstances and it there is a present risk to the residents residing at the RCH		

> Resident population and do not appear on the Child hiring staff who are not a risk in working with our Employee personnel files items that appear on the Criminal Background Check to ensure that we are CSC uses the attached form to document in and Adult Abuse Registry.

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2.	R 167	The monitoring of psychoactive	Nursing staff will	6/27/16
	5.10 Medication Management	PRN administration by non-licensed staff will include a new	complete the Psychoactive PRN	
		version of PRN record; titled	Administration Record	
	<ol> <li>5.10 of If Resident requires medication administration, unlicensed staff may administer medications under</li> </ol>	Record (see attached document).	and consult with the	
	the following conditions:	of Care to address the following:	prescribing physician on items 1-3 in the $How$	
	(5) Staff other than the nurse may administer PRN	1. Criteria for administration	Monitored column.	
	psychoactive medications only when the home has a written plan for the use of the PRN medication which:	(Per physician's order)  2. List behavior(s) PRN is	Nursing staff will monitor for completion	
	describes the specific behaviors the medication is	intended to address (including desired effects of	of Psychoactive PRN Administration Record	
	medication; educates the staff about what desired	the medication) 3. List of undesired effects to	and effectiveness of	
	enects of undesired side enects the start must monitor for; and documents the time of, reason for,	monitor for	licensed personnel.	
	and specific results of the medication use.		Iliux nepedeata a disamN	
	All main and Mark Languages and Languages and Languages		add a section to Med-	
	Based on record review and start interview, the Residential Care Home (RCH) failed to ensure that he		delegation training to	
	Registered nurse developed a written plan for		non-licensed personnel	_
	delegated unlicensed staff for the use of PRN		about the differences in	
	psychoactive medication which: describes the		monitoring non-	
	specific behaviors the medication is intended to correct or address; specifies the circumstances that		psychoactive PRN Psychoactive PRN	
	indicate the use of the medication; educates the staff		during orientation	
<u> </u>	about what desired effects or undesired side effects the staff must monitor for and documents the time		training and on an as needed basis. This	
	of, reason for and specific results of the medication		information will also be kept in the Med-	
	use for 1 of 4 residents sampled (Resident #1).		delegation handbook	
			reference.	
w.	9.11 Disaster and Emergency Preparedness			
	9.11 c Collaborative Solutions Corporation is appealing this			
	citation.			

## June 6, 2016

# Collaborative Solutions Corporation Second Spring South Plan of Correction Complaint Investigation 7/11/16 Addendum

	Deficiency and	How Monitored	Person Responsible	Completion
	Corrective Action 9.71 Disaster and Emergency Preparedness	Night drills will be conducted after	Staff conducting the	<b>Date</b> 7/19/16
	9.11.c Each home shall have in effect, and available to staff and residents, written copies of	11pm when residents are sleeping. This will be documented	drill must verify that all residents are sleeping	
	a plan for the protection of all persons in the event of fire and for the evacuation of the building	on fire drill form.	prior to initiation of the drill.	
	when necessary. All staff shall be instructed periodically and kept informed of their duties			
	under the plan. Fire drills shall be conducted on at least a quarterly basis and shall rotate times of			
	day among morning, arternoon, evening, and night. The date and time of each drill and the			
<u> </u>	names of participating staff members shall be documented.			
	This REQUIREMENT is not met as evidenced			
	Based on review of fire drill documentation, the			
	RCH failed to assure at least one fire drill was conducted during the pight hours. Findings			
	include:			
	Per review of fire drills conducted at the RCH			
_	from 5/15/15 through 3/26/16 there was a failure to conduct a drill at night, as required. The			
	omission was confirmed with the Program Manager on the afternoon of 5/24/16.			
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## Collaborative Solutions Corporation

## BACKGROUND CHECKS NOTIFICATION OF VERIFICATION For Licensed Facilities

Please retain this form for your records.	
	has made the determination to hire
(Name of Facility)	
	, whose name has the following
(Name of Individual)	, most make his site one wing
entries on their criminal background check	
The criminal record information was discussed vasatisfaction. We do not believe the individual perfollowing (or attached information.)	with the individual and resolved to our oses a foreseeable risk to residents, based on the
	and the second section of the second
All Facilities are prohibited from empl Adult Abuse Registry.	loying any individual found on the Child or
If you have any questions, please call the 871-3317.	Division of Licensing and Protection at (802)
	Signature and Title
	Date
	Box 69
3. F A 1* 3	V 44 05601

Montpelier, Vermont 05601 Phone: 802.433.6183 Fax: 802.476.1848

Collaborative Solutions Corporation	Resident:
Second Spring Williamstown	Medication:
Community Recovery Residence	Medication Order:
Psychoactive PRN Administration Record	
Plan of care:	
Criteria for administration (Per physician's order): Behaviors PRN is intended to address:	
Undesired effects to monitor for:	

				······································						<del></del> ,
Signature										
EFFECT (Follow up in one hour to assess effect of medication on target symptoms)										
ng)	mL or mg	mL « mg	mL or mg	mL or mg	mL or mg	mL or mg	mL or mg	mL or mg	mL or mg	mL or mg
DOSE (circle mL or mg)	mL or mg=_	mL or mg=	mL or mg=	mL or mg=	mL or mg=	mL or mg=	mL or mg=	mL or mg=	mL or mg=	mL or mg=
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REASON (subjective data about why resident is needing PRN)										
TIME										
DATE	-									

DATE TIME	REASON	(cir	DOSE (circle ml or mg)		LOBERG	Mignature (M. 1976)
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## **Collaborative Solutions Corporation**

**SUBJECT** – Fire drill occurrence and procedures.

### Introduction and Purpose

To define, outline and explain CSC's Fire Drill SOP.

### **Standard Operational Procedure**

A full house evacuation fire drill will occur at each facility on a quarterly basis. These drills will be conducted in accordance with established site specific evacuation and drill procedures with the following additions:

- A photo copy of the drill sheet will be maintained on site.
- Completed original fire drill forms will be forwarded to compliance for review
- Once reviewed, completed forms will be forwarded to maintenance for review and filing.
- During drills, an exit may be blocked necessitating the responding staff to find an alternate evacuation route.
- Night drills are conducted after 11pm when residents are sleeping. Staff conducting the drill must verify that all residents are sleeping prior to initiation of the drill. This will be documented on fire drill form.
- Staff response will be evaluated during the drill and an after drill review will be conducted with staff to reaffirm staff responses.
- Team specific evacuation training will occur annually in January in addition to the annual fire safety training that
  occurs each summer.
- If a fire drill is scheduled and inclement weather is occurring, the drill will occur on the next weather appropriate day that the on duty recovery councilor team is working to maintain the established one drill per month rotation. Inclement weather, for this protocol, is defined as temperatures that could cause injury (significantly below zero) and heavy rain or electrical storm.

### Staff Who May Conduct a Drill

Specific staff will be trained on the fire alarm system so that they may, when asked, conduct a fire drill in accordance with site specific evacuation and drill procedures. Staff identified other than Maintenance and Compliance will be contacted on the day of the drill and asked to conduct the drill prior to end of shift in accordance with pre-established fire drill schedule.

- Facility Maintenance Staff
- Training and Compliance Team
- Program Manager
- Additional staff as assigned by Compliance and Maintenance

## Fire Drill Protocol and Form

- 1) Staff person performing Fire Drill assesses number of staff, residents, and visitors in the facility.
- 2) Call Central Station (1-800-639-2066), identify self and give account # and password, inform them of the time of the fire drill so they can take us off line, also call Williamston Fire Department (433-5907).
- 3) Pull fire station, begin timing of fire drill.
- 4) Post one staff at the shed (this is our outdoor meeting place, during inclement weather people can congregate inside), this staff performs outside headcount.
- 5) Two staff clear house, one upstairs and one downstairs checking all accessible rooms, bathrooms and closets.
- 6) When all people are accounted for at the shed, end timing of drill.
- 7) Reset station and call Central Station and Williamston Fire Department to inform them drill is over.
- 8) Document date and time of drill and elapsed time of evacuation with list of all participants (on back of this form).

Time: (am/pm) Elapsed time of drill:

Comments:		·		
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			-	
Staff Name:				
				٠
Staff Signature/Date:				

## Community Recovery Residence

## FIRE DRILL RECORD

Exit blocked:	Station pulle					
	- : Dianon Dunc	Station pulled:				
		Fire Doors and Emergency Lights				
Time to Exit:	checked?					
Night Drill?: Yes / No		sleeping prior to 'es / No	o alarm?			
STAFF P	RESENT					
		anata alia na mana a ana alikisiiki milala	i			
			:			
		Marka Casar (Bagasa)				
RESIDENTS	SPRESENT	pių, albi				
Resident	Exit safely?	Within 2 minutes?	Need assist?			
	□ Yes	☐ Yes	□ Yes			
	□ No	□ No	□ No			
	□ Yes	☐ Yes	☐ Yes			
	□ No	□ No	□ No			
	☐ Yes	☐ Yes	☐ Yes			
	□ No	□ No	□ No			
	☐ Yes	☐ Yes	☐ Yes			
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Staff completing form page 2 of 1 20 July 2016

date